

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**
See "Instructions for Service of Process by U.S. Marshal"~~2~~ 2

PLAINTIFF Darin Poole	COURT CASE NUMBER 11-cv-00921-JFB
DEFENDANT NY State et al	TYPE OF PROCESS S & C
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN NY State Division of Parole ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 97 Central Avenue Albany, NY 12206	

SERVE AT

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Darin Poole 08-R-3022 32 Lewis Street Nagatuck, CN 06770	FILED IN CLERK'S OFFICE DISTRICT COURT E.D.N.Y. ★ JUN 7 2011 ★ LONG ISLAND OFFICE	Number of process to be served with this Form 285 1	Number of parties to be served in this case 4	Check for service on U.S.A.
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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or Originator requesting service on behalf of: <i>Lisa Wheelwright</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (631) 712-6010	DATE 5/10/11
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 53	District to Serve No. 53	Signature of Authorized USMS Deputy or Clerk <i>Sharon DePhillips</i>	Date 5/13/11
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Address (complete only different than shown above)

<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Date 6/2/11	Time 9:00 am
Signature of U.S. Marshal or Deputy <i>Sharon DePhillips</i>	

Service Fee \$8	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges \$8	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

Mail out today 5/13/11

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

COPY 1



NOTICE AND ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT BY MAIL
United States District Court
for the
EASTERN District of NEW YORK

TO: NY STATE DIVISION OF PAROLE
97 CENTRAL AVENUE
ALBANY NY 12224

Civil Action, File Number 11-921

DARIN POOLE

v.

NY STATE ET AL

The enclosed summons and complaint are served pursuant to Rule 4(e)(1) of the Federal Rules of Civil Procedure, and State law.

You **MUST COMPLETE** the acknowledgment part of this form below, **AND RETURN COPIES 1 AND 2** to the sender within 30 days. An envelope has been enclosed for this purpose. Keep copy 3 for your records.

YOU MUST SIGN AND DATE THE ACKNOWLEDGMENT ON ALL COPIES. If you are served on behalf of a corporation, unincorporated association (including a partnership), or other entity, you must indicate under your signature your relationship to that entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

If you do not complete and return copies 1 and 2 of this form to the sender within days, you (or the party on whose behalf you are being served) may be required to pay any expenses incurred in serving a summons and complaint in any other manner permitted by law.

If you do complete and return copies 1 and 2 of this form, you (or the party on whose behalf you are being served) must answer the complaint within 21 days for private defendants and/or 60 days for Federal defendants. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

I declare, under penalty of perjury, that this Notice and Acknowledgment of Receipt of Summons and Complaint By Mail was mailed on this date.

05/13/2011

Date of Signature

**Sharon
DePhillips**

Signature (USMS Official)

Digitally signed by Sharon DePhillips
DN: cn=Sharon DePhillips, o=USMS,
ou=EDNY,
email=Sharon.DePhillips@usdoj.gov, c=US
Date: 2011.05.13 13:23:17 -04'00'

ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT

I declare, under penalty of perjury, that I received a copy of the summons and of the complaint in the above captioned manner at:

97 Central Avenue
Street Number and Street Name or P.O. Box No.

Albany, NY 12206

City, State and Zip Code

Sharon DePhillips
Signature

Assistant Counsel

Relationship to Entity/Authority to Receive

Service of Process

5/20/11
Date of Signature

Copy 1 - Clerk of Court
Copy 2 - United States Marshals Service
Copy 3 - Addressee
Copy 4 - USMS District Suspense

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

(3)

PLAINTIFF Darin Poole	COURT CASE NUMBER 11-cv-00921-JFB
DEFENDANT NY State et al	TYPE OF PROCESS S & C
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Parole Officer Hubbard	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 250 Fulton Street Hempstead, NY 11550	

**SERVE
AT**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Darin Poole
08-R-3022
32 Lewis Street
Nagatuck, CN 06770**FILED
IN CLERK'S OFFICE
DISTRICT COURT E D NY**★ JUN 10 2011 ★
LONG ISLAND OFFICE

Number of process to be served with this Form 285	1
Number of parties to be served in this case	4
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

Lisa Wheelbert☒ PLAINTIFF
☐ DEFENDANTTELEPHONE NUMBER
(631) 712-6010DATE
5/10/11**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 53	District to Serve No. 53	Signature of Authorized USMS Deputy or Clerk <i>Sharon DePhillips</i>	Date 5/13/11
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date
6/2/11
Time
10:00
☒ am
☐ pm

Signature of U.S. Marshal or Deputy

Sharon DePhillips

Service Fee \$8	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges \$8	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service



DIVISION OF PAROLE
NOTICE AND ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT BY MAIL

United States District Court
for the
EASTERN District of NEW YORK

MAY 17 2011

TO: PAROLE OFFICER
250 FULTON STREET
HEMPSTEAD, NY 11550

Civil Action, File Number 11-921

DARIN POOLE

v.

NY STATE ET AL

The enclosed summons and complaint are served pursuant to Rule 4(e)(1) of the Federal Rules of Civil Procedure, and State law.

You **MUST COMPLETE** the acknowledgment part of this form below, **AND RETURN COPIES 1 AND 2** to the sender within 30 days. An envelope has been enclosed for this purpose. Keep copy 3 for your records.

YOU MUST SIGN AND DATE THE ACKNOWLEDGMENT ON ALL COPIES. If you are served on behalf of a corporation, an incorporated association (including a partnership), or other entity, you must indicate under your signature your relationship to that entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

If you do not complete and return copies 1 and 2 of this form to the sender within days, you (or the party on whose behalf you are being served) may be required to pay any expenses incurred in serving a summons and complaint in any other manner permitted by law.

If you do complete and return copies 1 and 2 of this form, you (or the party on whose behalf you are being served) must answer the complaint within 21 days for private defendants and/or 60 days for Federal defendants. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

I declare, under penalty of perjury, that this Notice and Acknowledgment of Receipt of Summons and Complaint By Mail was mailed on this date.

05/13/2011

Date of Signature

Sharon
DePhillips

Signature (USMS Official)

Digitally signed by Sharon DePhillips
DN: cn=Sharon DePhillips, o=USMS,
ou=EDNY,
email=Sharon.DePhillips@usdoj.gov, c=US
Date: 2011.05.13 13:23:17 -04'00'

ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT

I declare, under penalty of perjury, that I received a copy of the summons and of the complaint in the above captioned manner at:

250 Fulton Ave
Street Number and Street Name or P.O. Box No.

Hempstead, NY 11550
City, State and Zip Code

J. Dubbar
Signature

Parole officer
Relationship to Entity/Authority to Receive

Hand delivered
Service of Process

5/20/11
Date of Signature

Copy 1 - Clerk of Court
Copy 2 - United States Marshals Service
Copy 3 - Addressee
Copy 4 - USMS District Suspense

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

(4)

PLAINTIFF Darin Poole	COURT CASE NUMBER 11-cv-00921-JFB
DEFENDANT NY State et al	TYPE OF PROCESS S & C

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Maragret Jennette

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

102 Ledgeside Avenue

Waterbury, CT 06708

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**FILED
IN CLERK'S OFFICE
DISTRICT COURT E D NY**Darin Poole
08-R-3022
32 Lewis Street
Nagatuck, CN 06770★ JUN 10 2011 ★
LONG ISLAND OFFICENumber of process to be
served with this Form 285

1

Number of parties to be
served in this case

4

Check for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

(631) 712-6010

DATE

5/10/11

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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date 6/8/11	Time 10:00
Signature of U.S. Marshal or Deputy Sharon DePhillips	

Service Fee \$8	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges \$8	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

Mail out today 5/13/11

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service



NOTICE AND ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT BY MAIL

United States District Court
for the
EASTERN District of NEW YORK

TO: MARAGRET JENNETTE
102 LEDGESIDE AVENUE
WATERBURY, CT 06708

Civil Action, File Number 11-921

DARIN POOLE

v.

NY STATE ET AL

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I declare, under penalty of perjury, that this Notice and Acknowledgment of Receipt of Summons and Complaint By Mail was mailed on this date.

05/13/2011

Date of Signature

Sharon
DePhillips

Signature (USMS Official)

Digitally signed by Sharon DePhillips
DN: cn=Sharon DePhillips, o=USMS,
ou=EDNY,
email=Sharon.DePhillips@usdoj.gov, c=US
Date: 2011.05.13 13:23:17 -04'00'

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Street Number and Street Name or P.O. Box No.

Relationship to Entity/Authority to Receive

City, State and Zip Code

Service of Process

Signature

Date of Signature

Copy 1 - Clerk of Court
Copy 2 - United States Marshals Service
Copy 3 - Addressee
Copy 4 - USMS District Suspense

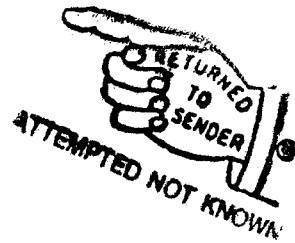
Department of Justice

United States Marshals Service Headquarters

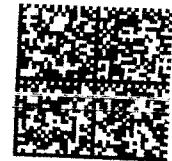
Eastern District of New York

225 Cadman Plaza E, Suite G20
Brooklyn, NY 11201-1818

Official Business
Penalty for Private Use \$300



ANK



UNITED STATES POSTAGE
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0006898895
MAILED FROM ZIP

